

# US Decisions Inc.

An Independent Review Organization  
9600 Great Hills Trail Ste 150 W  
Austin, TX 78759  
Phone: (512) 782-4560  
Fax: (207) 470-1085  
Email: manager@us-decisions.com

## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Apr/12/2012

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

L5-S1 epidural steroid injection

**DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

M.D., Board Certified Pain Medicine

**REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)  
 Overturned (Disagree)  
 Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

ODG Treatment Guidelines  
Records include administrative papers, prior non-certification determination review dated 03/14/12  
Second non-certification review dated 03/22/12  
Office visits dated 03/23/12 and 02/24/12  
Note from dated 02/28/12  
Progress note from dated 12/23/11  
Consult notes from (01/03/12 to 11/02/11)  
EMG /NCV report dated 01/19/12 (bilateral LE's)  
Lumbar MRI dated 10/19/11.

**PATIENT CLINICAL HISTORY SUMMARY**

The injured worker is a male with a reported date of injury of xx/xx/xx. He bent over to pick up a water hose when he felt a pop in the low back. The most recent clinical note submitted appears to have been with on 03/23/12. Major complaints are low back pain on the right and left and radiating to bilateral buttocks. Low back pain is radiating to the posterior right leg and on the left. There is reported back pain at work and while sitting and with ADL's. There is some relief with positioning, medication. There is inability to sleep and shock like sensations to the right foot with muscle spasm. Weight is given as 240 lbs and BP is 180/70. Pain rated at 5-6/10. Medication includes aspirin, Naproxen and Robaxin. Physical exam findings are taken from the 02/24/12 report. The thoracolumbar spine flexion and extension was abnormal. The lumbosacral spine exhibited tenderness to palpation to spinous process. A straight leg raise test of the right and left leg was positive. Motor strength with extension of right toes was 3+/5 and left was 4/5. Ankle jerk reflex was absent or diminished in both ankles. Exam per on 01/23/12 indicated normal SLR's bilateral and normal strength throughout the lower extremities. Reflexes at bilateral patella and Achilles were both 2/4. EMG /NCV testing from 01/19/12 indicates EMG finding of no evidence of electrical instability with overall impression suggesting some motor peripheral neuropathy and no evidence of lumbar radiculopathy. There is another note that indicates referred to for an intended 4 level

discogram (it does not appear that it was performed). Lumbar MRI without contrast is dated 10/19/11. This indicates various degrees of spinal stenosis from L1-L3. L3/4 has disc annulus bulging indenting the extradural space with hypertrophic changes contributing to stenosis. L4/5 appears similar to L3/4 but with more pronounced hypertrophic changes. L5/S1 is normal.

There is a prior non-certification review dated 03/14/12 performed by. Determination reasons include ODG indications. True objective radiculopathy was not demonstrated on physical findings and that diagnostic studies did not support the presence of radiculopathy

There is a non-certification appeal dated 03/22/12 that was performed by. Determination reasons include ODG indications not met in regards to the diagnostic testing correlating the physical findings. The injured worker's symptomology revealed no dermatomal radicular pattern based on the negative MRI.

#### **ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be upheld. The MR imaging and the EMG /NCV were negative for pathologic findings of nerve root impingement or any artifact to contribute to the injured worker's symptoms. Serial exams per different providers do not appear to correlate with physical findings as stated. As radiculopathy is not established as conclusive, the reviewer finds L5-S1 epidural steroid injection is not medically necessary.

#### **A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION**

ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

INTERQUAL CRITERIA

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

TEXAS TACADA GUIDELINES

TMF SCREENING CRITERIA MANUAL

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)